

1278 Rocky Point Drive • Oceanside, CA 92056 800.736.4500 • frontwavecu.com

Request to Close Account

Date:	
Bank Name:	
Account #:	<u></u>
Address:	
City, State, Zip	
Dear Account Representative,	
I am in the process of changing my account allow this letter to serve as my official reques	
I understand that my account cannot be close completed. I have arranged to switch my d my new account(s) with Frontwave Credit Ut	irect deposits and automatic withdrawals to
My account information is listed below. Please let me know if you need any additional information.	
Name on Account	Account Number
Please mail the final balance(s) in the form of a check made payable to:	
Frontwave Credit Union For benefit of:	_ (member name).
Sincerely,	
(member signature required)	